CITY OF BRISTOL VIRGINIA
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FORM PY 2026

The attached application form must be completed by all agencies and/or organizations applying for Community Development Block Grant (CDBG) funds. ALL QUESTIONS MUST BE ANSWERED, ANSWERS MUST ADDRESS THE SPECIFIC QUESTION, AND REQUIRED DOCUMENTATION MUST BE ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED FOR FUNDING CONSIDERATION.

Funds may be available for approved agencies and/or organizations upon HUD approval. Should you require any assistance in completing this application or have questions regarding the Community Development Block Grant (CDBG) Program, you may contact the City representative listed below. You are encouraged to submit your application well before the deadline to allow ample time for review of completeness and accuracy.

Community Development Specialist
Ellen Tolton (276) 645-7473 ellen.tolton@bristolva.org

QUALIFYING CRITERIA

In order to qualify for CDBG funding, all **eligible** projects must meet one of the following criteria:

1. The activity predominantly benefits low and moderate-income persons (more than 51% of persons benefiting – generally 80% of the area median income).

2. The activity will eliminate slums or blight.

3. The project will meet a need having a particular urgency. The condition of urgency must be of recent origin, generally being developed or critical less than 18 months preceding the application for assistance.

ORIGINAL APPLICATIONS WITH ALL REQUIRED ATTACHMENTS MUST BE SUBMITTED TO THE ADDRESS LISTED BELOW NO LATER THAN 5:00 PM ON FEBRUARY 27, 2026.

City of Bristol
Attention: Ellen Tolton
300 Lee Street, Ste. 108
Bristol, VA 24201

The City of Bristol has been designated by the U.S. Department of Housing and Urban Development (HUD) as a "Metropolitan Center", and as such is a Direct Entitlement City. Each year the City applies for federal Community Development Block Grant (CDBG) funds from HUD as a Metropolitan Center to meet the housing, economic, and community development needs of the community. The funds are distributed to various non-profit organizations and jurisdictions for projects and programs that meet the identified needs of the community. The guideline for the HUD approved funding breakdown is 1) 20 percent for CDBG Program Administration, 2) 65 percent for capital improvement, rehabilitation, housing, planning/studies/strategic planning, etc., and 3) 15 percent for public service programs.

This application form is used by potential grant applicants who are submitting an application for CDBG funding consideration. Funds awarded must primarily benefit residents of Bristol, Virginia.

IMPORTANT INFORMATION RELATIVE TO APPLICATION

This is a competitive application process for limited funding. Applicants that submit an eligible request are not guaranteed an award.

1. Successful applications may be funded for less than the amount requested.

2. Funding provided by this process will be awarded for the PY 2026 which begins July 1, 2026 and ends June 30, 2027. However, no contracts can be executed until the City has completed any necessary environmental assessments, executed funding agreements with HUD, and approval has been received from City Council. The City generally receives its funding agreement from HUD in August or September. **You will be notified as soon as we are able to execute a contract and begin funding your project.**

3. Agencies that are currently receiving CDBG funds from the City, who are also applying for PY 2026 CDBG funds, must be in compliance with all terms of their current agreement and must not have any outstanding audit findings, monitoring findings or concerns as determined by the City or HUD.

4. Nonprofit agencies must have an active Board of Directors and must submit a Board membership list and contact information for Board members and a copy of their bylaws with the original application and each copy.

5. Applications must be signed by the Chair or President of the Board of Directors. In the case of application submission by a department of a community service organization, the application must be signed by the Director or Chief Executive Officer of the organization.

6. **All applications must be bound with clips. Please do not staple, bind, secure with rubber bands, punch holes or put your application in a folder or notebook.**

7. Each applicant must submit **one electronic copy (email: ellen.tolton@bristolva.org or flash drive)** of their application. **This electronic copy must be formatted in one (1) pdf**.

8. **All applications must be received by the Department of Community Development & Planning no later than 5:00 p.m. on Friday, FEBRUARY 27, 2026**. A public hearing will be scheduled in April/May 2026 at 6:00 p.m. at the regular Council meeting at City Hall, 300 Lee Street, Bristol, VA. You will be notified of the date by email if you have submitted an application and wish to appear before the Council.

9. For additional information on the Community Development Block Grant Program, visit HUD's website at www.hud.gov/offices/cpd.

10. For additional information regarding this application, please contact Ellen Tolton, Community Development Specialist at 276-645-7473 or by email at ellen.tolton@bristolva.org

CITY OF BRISTOL, VA

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM APPLICATION FORM

I. GENERAL INFORMATION

Name of Primary Activity Sponsor:

Mailing Address:

City/State/Zip:

Telephone Number: DUNS Number:

Contact Person:

Email:

Amount of CDBG Funds Requested: $ Total **Project** Cost: $

II. ORGANIZATIONAL HISTORY *(Applicable only if you are a non-profit organization)*

Date organization was founded:

Date incorporated as a non-profit organization:

Number of volunteers: Number of staff:

Federal identification number:

ATTACHMENTS IA & IB: ***Articles of Incorporation and By-Laws***
List of Current Board of Directors

III. **PROJECT ACTIVITY** *(check the applicable category(ies) your application represents)*

☐ Economic Development ☐ Public Service ☐ Housing

☐ Capital Equipment ☐ Rehabilitation/Preservation

☐ Public Facilities Improvements (construction) ☐ Other

If other, explain:

IV. **PROJECT NARRATIVE**

Name of Project/Program:

Specific Location of Project:

Geographic Area (all localities, not just Bristol) to be served:

ATTACHMENT II: ***Map of Proposed Project's Location/Service Area*** *– Label as Attachment II*

1. Provide a detailed description of the proposed project to be funded and how requested funds will be used. Describe precisely what is to be accomplished with the requested funds.

2. Provide a brief, detailed description of the project in quantifiable terms (e.g., the proposed food program will feed 1,000 unduplicated people). *One or two sentences only*.

IV. PROJECT NARRATIVE *(continued)*

3. What are the goals and objectives of the project? Short-term? Long-term?

4. Discuss this project's benefit to low and moderate income clients, and identify groups and neighborhoods served by this project.

5. If this is a public service activity, is this a new service provided by your organization?

☐Yes ☐ No

***If service is NOT new, will the proposed activity substantially increase the existing level of service? Explain:*

***In order to receive CDBG grants funds, the public service must be a new or expanded service. To qualify as an expanded service, grantees must demonstrate that there has been a quantifiable increase in the service than was delivered in the prior 12 months. This is a HUD requirement.*

6. If this is a Public Facilities Improvement or Rehabilitation/Preservation project, is the applicant the owner of the building?

☐Yes ☐ No

If applicant is not the owner of the building, is the property owner a non-profit organization?

☐Yes ☐No

Please provide the name and contact information for the property owner:

7. How will you market/promote your program to assure that all who might benefit from the project are provided an opportunity to participate?

8. What are the expected results of the project? How many *unduplicated individuals are expected to be served? (*Unduplicated people served are first time clients counted only once during the project year)

9. How will you measure and evaluate how the project meets its goals and objectives? Measures should be both qualitative and quantitative.

IV. PROJECT NARRATIVE *(continued)*

10. Does this project provide housing to individuals/families?

☐Yes ☐ No

If yes, provide number of existing housing units including how many bedrooms are in each unit:

11. Does this project provide shelter and/or services for the homeless?

☐Yes ☐No

If yes, provide the number of existing beds (list number for men, women, and families) and any services provided:

12. What evidence is there of long-term commitment to the proposal? Describe how you plan to sustain the work (project) after the grant funding ends.

V. PROJECT BENEFIT

To be eligible for CDBG funding, a project must qualify within ***one*** of the three following categories. Please indicate how the proposed project meets ***one*** of the following categories (A, B, or C) and the source of the information provided. Questions D and E must be completed.

BENEFIT TO LOW-MODERATE INCOME PERSONS:

Please identify how you have documented that the persons served are low to moderate income persons by providing requested information in either Section A, B, or C.

☐ A. Area Benefit:

The project serves only persons in the identified block groups in Census Tracts, which are 51% or more low income. The listed Tracts and Block Groups are considered eligible.

☐ Tract 201 Block Group 1	☐ Tract 202 Block Group 3
☐ Tract 202 Block Group 4	☐ Tract 203 Block Group 1
☐ Tract 203 Block Group 2	

☐ B. Limited Clientele:

The project serves clientele that have documented their income. Identify the procedure you currently have in place to document that the clientele you serve are low to moderate income persons/families (attach additional sheets if necessary). ****Limited Clientele will require that organizations collect self-certification forms that track ethnicity, income, etc. from program/organization participants to assure that 51% or more participants are considered low income.***

☐ C. Clientele presumed to be principally low income persons:

The following groups are presumed by HUD to meet this criterion: Abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, and/or migrant farm workers. Describe your clientele to be served by the activity (attach additional sheets if necessary).

D. Please check all that apply to your organization's project:

☐Helps prevent homelessness
☐Helps the homeless
☐Helps those with HIV/AIDS
☐Primarily helps those with disabilities

E. Please check **only one** for each of the following categories:

1. What is the program/project's objective?

☐ Create Suitable Living Environments
**Benefiting communities, families, and/or individuals by addressing issues in their living environment.*

☐ Provide Decent Affordable Housing
**Housing activities with the purpose of meeting individual family or community housing needs.*

☐ Create economic opportunities
**Activities related to economic development, commercial revitalization, and/or job creation.*

2. What will be the program/project's outcome?

☐ Availability/Accessibility
**Public services, public facilities, infrastructure, housing and/or shelter made available to low to moderate income individuals and families including those with disabilities.*

☐ Affordability
**Services that provide affordability for low to moderate income individuals and families including those with disabilities.*

☐ Sustainability
**Activities aimed at improving and sustaining communities and neighborhoods by eliminating slums and blighted areas.*

VI. FINANCIAL INFORMATION

A. Complete the following project budget information to begin on July 1 of this year. Provide total Budget information and distribution of CDBG funds in the proposed budget. ***If these line items are not applicable to your activity, you may attach an appropriate budget.*** You must still provide "Total Cost" and "CDBG Share" as requested below.

(1) PERSONNEL/STAFF COSTS: Please complete the following tables.
WAGES: Please provide the following information for each member of your program's staff necessary to administer the proposed program for CDBG funding. If applicable, add additional positions needed as the result of any proposed increase in services, and estimate costs accordingly.

Position/Title	Volunteer (Y/N)	Hourly Rate	Months Employed (per year)	Total Cost	CDBG Share
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
			Subtotal for Wages	$	$

Type of Costs	Percent of Salary	Total Cost	CDBG Share
Fringe Benefits		$	$
Other		$	$
	Subtotal for Fringe Benefits	$	$

Total Personnel/Staff Costs

Total Cost	CDBG Share
$	$

VI. FINANCIAL INFORMATION *(continued)*

(2) PROPOSED PROJECT/PROGRAM BUDGET OVERVIEW: Include all costs associated with the proposed project/program (other than PERSONNEL/STAFF costs provided in (1) above).

Cost Category	Total Cost	CDBG Share
Space Rental	**$**	**$**
Utilities	**$**	**$**
General Liability Insurance	**$**	**$**
Automobile Liability Insurance	**$**	**$**
Worker's Compensation Insurance	**$**	**$**
Other Insurance	**$**	**$**
Consultant Services	**$**	**$**
Travel	**$**	**$**
Supplies	**$**	**$**
Equipment	**$**	**$**
Other:	**$**	**$**
Other:	**$**	**$**
Other:	**$**	**$**
Total Supplies & Services	**$**	**$**

Total Project/Program Costs

Total Cost	CDBG Share
$	$

Note: Applicants should not depend upon 100% of CDBG funds to undertake the proposed program/ project. The organization should have funds budgeted or other awarded grant funds available for the project. The funds are very limited and individual award amounts generally average less than $10,000. Partial awards may be considered. Understand that all requested drawdowns must include detailed documentation – signed timesheets, paid invoices, etc.

VI. <u>FINANCIAL INFORMATION</u> *(continued)*

B. Identify other funding resources that have been or will be sought during ***this funding cycle*** and attach evidence of commitment to include the funding source, amount requested, the date funds will be available, status of funding, and type of commitment. <u>Please include any requests made to other jurisdictions if program serves other localities.</u>

Source of Funding	Dollar Amount	Status of Commitment
	$	
	$	
	$	
	$	
	$	
	$	

C. Provide total actual cost of program/project ***last year*** (prior fiscal year) and **<u>main sources of funding</u>**. This figure will include both personnel and program costs.

Actual total cost last year of project/program: $ CY or FY

Source of Funding	Dollar Amount
	$
	$
	$
	$
	$
	$

D. If you do not receive CDBG funds this funding round, will you still be able to operate this project/program and, if so, how?

VI. FINANCIAL INFORMATION *(continued)*

E. **Provide a brief summary of your Organizational Budget (explain the need for CDBG funding)**. In addition, attach your previous years' audited financial statements (and any management letters from auditors). ***ATTACHMENT III: Organizational Budget and Latest Audited Financials***

F. Was this project previously funded with CDBG funds?

☐Yes ☐ No If yes, when?

VII. MANAGEMENT INFORMATION

A. Briefly describe the overall capacity of your organization for managing and operating the project and identify project manager or person in charge of the project's day-to-day operations. Sources of funding and commitment of funds for operation and maintenance should have been completed in Section VI.B and C.

B. What is the primary role of your Organization in the community? Is this service/project unique or are there other organizations providing same or similar services?

C. If you have never received CDBG funding from the City of Bristol, provide evidence of any previous experience with other federally funded programs to include type of project, amount received, source, activity, year, and how much was expended.

APPLICATION CERTIFICATION

Undersigned hereby certifies that:

1. The information contained in the project application is complete and accurate.

2. The applicant shall comply with all Federal and City policies and requirements affecting the CDBG program.

3. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.

4. The applicant shall maintain and operate the facility for its approved use throughout its economic life.

5. Sufficient funds are available to complete the project as described, if CDBG funds are approved.

6. I have obtained authorization to submit this application for CDBG funding.

Type\print name and title of Authorized Representative:

_____

Signature of Authorized Representative:

_____

DATE:

_____

Required Attachments (a copy of these attachments are only required with the original application):

I) Organizational History (Non-Profits only)
   - A) Articles of Incorporation and Bylaws
   - B) Current Board of Directors
   - C) Verification of 501(C)3 status

II) Map of Area Served

III) Organizational Budget and Latest Audited Financials